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State Abbreviation

Head Coach's Last Name: \_\_\_\_\_



# Iowa High School and Scholastic Clay Target Program 2012-13 COLLEGE TEAM REGISTRATION FORM



(TO BE COMPLETED & SUBMITTED BY HEAD COACH ONLY)

College / University Name \_\_\_\_\_

College / University Division: ☐ Division I ☐ Division 2 ☐ Division 3

Is your team affiliated with ACUI? ☐ NO ☐ YES

**DISCIPLINE:** (Check ALL that apply)

American Versions: ☐ TRAP ☐ SPORTING CLAYS ☐ SKEET

International/Olympic Versions: ☐ OLYMPIC TRAP (Bunker) ☐ INT'L SKEET

**"HOME" GUN CLUB OR SHOOTING FACILITY (where team regularly conducts practice)**

Name: \_\_\_\_\_

Facility's "Physical" Address (no PO Boxes): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ \*Email Address: \_\_\_\_\_

Facility's "Official" Mailing Address, if different from Physical Address: \_\_\_\_\_

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**Head Coach or Faculty Advisor Contact Information**

First Full Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address (no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ \*E-mail address \_\_\_\_\_

Fill in date started with SCTP (mm/yyyy): \_\_\_\_\_ Iowa Driver's License Number \_\_\_\_\_

Coach/Instructor Certification from: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Adult T-Shirt Size: \_\_\_\_\_

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### Student Advisor or Club President Contact Information

First Full Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address (no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ \*E-mail address \_\_\_\_\_

Fill in date started with SCTP (mm/yyyy): \_\_\_\_\_ Iowa Driver's License Number \_\_\_\_\_

Coach/Instructor Certification from: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Adult T-Shirt Size: \_\_\_\_\_

### TEAM MEMBER INFORMATION:

#### ➔ Important – Please Read and Heed ←

**SCTP Season: SEPT 01 – AUG 31.** Team Registration will open on September 1. **Collegiate Team Registration closes for the season: (1) Thirty (30) days prior to each discipline's SCTP State Championship, (2) any Collegiate Shoot receiving SCTP Endowment Monies, or (3) February 1, whichever comes first.**

### REQUIRED FORMS:

- ▶ **TEAM FORM** – Completed by head coach
- ▶ **HEAD COACH FORM** – Completed and Signed by head coach
- ▶ **CONSENT and WAIVER FORM** – Completed and Signed by the athlete and a parent or guardian
- ▶ **SPORTSMANSHIP CONTRACT FORM** - Signed by the athlete and a parent or guardian (retained by coach – do not send to DNR/SSSF)

Note: Athletes 18 years of age or older are not required to have a parent or guardian sign the Consent and Waiver Form, but the athlete must sign the form. Submission of the form is required.

### TEAM REGISTRATION FEES

**ATHLETE: \$15 per Athlete X \_\_\_\_\_ = \$ \_\_\_\_\_**

**TOTAL TEAM REGISTRATION FEE: \$ \_\_\_\_\_**

### COMPLETE TEAM REGISTRATION

**To complete TEAM REGISTRATION, payment can be made on-line with credit card or by check (payable to SSSF) through the U.S. Mail**

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Head Coach's Last Name: \_\_\_\_\_

Mail originals **and payment** to:

**S.S.S.F. / SCTP Headquarters  
51863 Schoenherr Road  
Ste. 202  
Shelby Township, MI 48315  
Phone: 586-737-0805**

**\*NOTE if coaches complete online registration with SSSF, only athlete consent/waiver forms must be submitted to national headquarters. If the coach has no access to the web, this form and all accompanying Athlete Registration Consent & Waiver forms must be submitted. In either case, the required forms must be received by (1) Thirty (30) days prior to each discipline's SCTP State Championship, (2) any Collegiate Shoot receiving SCTP Endowment Monies, or (3) February 1, whichever comes first.**

Mail **Copies** to:

**Iowa DNR Shooting Sports Program  
Wallace State Office Building  
502 East 9<sup>th</sup> St.  
Des Moines, Iowa 50319  
Phone: 515-281-5918**

**DO NOT Send payment to the Iowa DNR**

**Head coaches must retain a copy of all forms**